should state of OCCUPA-

Every item of infor-

STATE OF MARYLAND—CERTIFICATE OF DEATH

7718

1. PLACE OF DEATH	Ing.
County Thirancia	Registration Dist. No. 333
Village or City Salis hours Length of residence in city or town where deeth occurred 47 yrs. 4	No. Tenersula General Nosficial St., 13 War (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth?
2. FULL NAME Shark Jackson a	land If U. S. Veteran, specify WAR Half Har
(a) Residence: No. 304 Muly Quinn (Usual place of abode)	St., 9 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOV OR DIVORCED (write the w	
5a. If married, widowed, or divorced HUSBAND of V (or) WIFE of Alice Lavis alars	22. I HEREBY CERTIFY, That I attended deceased fro
6. DATE OF BIRTH (month, day, and year) January 19, 185 7. AGE Years Months Days If LESS 1 day,	
471 5 70 orm	
Trede, profession, of perticuler kind of work done, as SPINNER, Club Salesman	Folor Puermone
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and 1931 spent in this year)	-4
12. BIRTHPLACE (city or town) — Maufland	Other Contributory Causes of importance:
13. NAME Isaac of addens	
14. BIRTHPLACE (city or town) Affiliation (State or country)	Name of operation
15. MAIDEN NAME J. Garnie Daiman	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Manyland	Accident, suicide, or homicide?
17. INFORMANT alice Slavis adams, (Address) Salishay, m.J.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL (*) PIECE TURNS CENERAL, Fullihuryate 7/16/36, 1	Manner of injury
19. UNDERTAKER The Thill & Moren Co., (Address) This and M.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED July 16, 1936 & May Tun	(Signed) Class File M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the dcceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial pephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage \ \ AllG 6 1930	July 5,1927	Peritonitis	3 days ago
PUREAU V. S.			۲.
Other contributory causes of importance:		Other contributory causes of importance:	:
Gallstones	May 1,1923	Gastroenteritis	1 year
			rest
			ALL THE B

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFI	CATE	OF	DEAT
---------------------------	------	----	------

1. PLACE OF DEATH County		93-2	Registration Dist. No.332
Village or City Sittaine Length of residence in city or town where			St., Ward ion, give its NAME instead of street and number) f foreign birth?
2. FULL NAME Players (a) Residence: No. Little	Cofficience Bake	If U. S. Veteran, St., Ward.	specify WAR 220
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CI	ERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	Month) (Day) (Yaer)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	Paked.	22. I HEREBY	CERTIFY, That I ettended deceased from 1935, to 25, 1936
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months	Deys If LESS than 1 dey, hrs.	Viast saw h elive on to have occurred on the date state The PRINCIPAL CAUSE OF DEAT were as follows:	d ebove, at
8. Trade, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc	non!	Chin	ungendita 1934
work was dona, as SILK MILL, SAW MILL, BANK, etc	11. Total tima (years) spent in this occupation		
12. BIRTHPLACE (city or town). When (Stata or country)	mille ma.	Other Contributory Canses of impo	rtanca: all ege
THE 13. NAME TO CHURCH	Saylon,		
13. NAME 12. (Stete or country)	elas.		Dete of
# 15. MAIDEN NAME Frances	C. Saylow,	23. If death was due to externel ceu	usas (VIOL ENCE) fill In elso tha following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country)	enndr-	Accident, suicide, or homicide? Whara did injury occur?	Dete of injury, 19
17. INFORMANT Clear V: (Address)	Pargue.	Specify whether injury occurred in	(Specify city or town, county and State) n INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place	y Dete July 27th, 1936	Menner of injury Neture of injury	
19. UNDERTAKER The Bound (Address) Attach	lian R. Davis	24. Wes disaase or injury in any walf so, specify (Signad)	ay related to occupetion of decaased? My

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example. I		Example II	
The principal cause of death and related causes of importance were as follows: AUG 5 1936	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis AUG J 1999	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis WEAU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year



MARGIN RESERVED FOR BINDING

item of infor-	should state	of OCCUPA.		
REACOD. Every	Y. PHYSICIANS	Exact statement		1
IS A PERMANENT	stated EXACTL	properly classified.	ertificate.	
BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RE-COD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.	
8		1	-	1

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Wilouico	Registration Dist. No. 332
Village or City Pittsville (outside	Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsAmos	
2. FULL NAME Naome 4. Baken	If U. S. Veteran, specify WAR No.
(a) Residence: No. Pittsville (outsi	le kt Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	Month) (Day) (Yeer)
(or) WIFE of Jareph a. Baker	22. I HEREBY CERTIFY That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Jan 3, 18.57	(last saw h low elive on finding of 193 6; deeth is sai
7. AGE Yeers Months Days If LESS then 1 day.	to have occurred on the dete stated above, atm.
19 6 0 6 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were a follows:
8. Trade, profession, or particular kind of work done, es SPINNER, House Wife SAWYER, BOOKKEPER, etc.	Dellemana attending gent
9. Industry or business in which	1936
kind of work done, es SPINNER, for selection of the selec	4
10. Date deceased last worked at this occupation (month and 5 425 spent in this occupation)	
	Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	ved ege
= //0-/010/00/00	
14. BIRTHPLACE (city of town)	Neme of operation Dete of What has a continuous and the configuration Detection Detect
15. MAIDEN NAME Lavenite Witchel	What test confirmed diegnosis? Was there an eutopsy?
E 700	23. If deeth wes due to externel causes (VIOLENCE) fill in also the following:
S (Stete or counity)	Accident, suicide, or homicide?
17. INFORMAND MAJURIA & Twilley	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Pittsville Ma	
Place 3 the Date Let 12, 1936	Menner of injury
19. UNDERTAKER A. Darhas Wallson	24. Was disease or injury In any way related to occupation of deceased?
(Address) Selley will be	If so, specify
20. FILED July: 11, 1931g. Pillian Tocal Registrar.	(Address) Sillston D
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

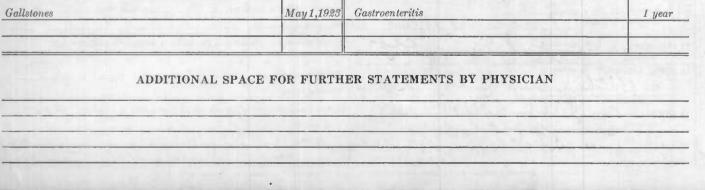
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDDAN V. S.			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



STATE OF MARYLAND	CERTIFICATE OF DEATH 7791
1. PLACE OF DEATH	3
County Wiegwieg	Registration Dist. No. 333
Village Dr City Salisbury	No Peninsula General Hospital Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	
2. FULL NAME Ballard Shill bow	7
(a) Residence: No. Factuable Mag (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Clade Cofored single	(Month) (Day) (Year)
A. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
5. DATE OF BIRTH (month, day, and year) July 22, 1930	I lost saw h ative on Luftrous, , , 19 ; death Is said
AGE Years Months Days If LESS than I day, hrs.	to have occurred on the date stated above, at
Still von. or. or. omin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	SIII bow.
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date decoased last worked at this occupation (month and year)	
year) occupation	Other Contributory Causes of importance:
(State or country)	Procond Cord July
13. NAME alexander Ballars.	The adminion
14. BIRTHPLACE (city or town). Parameter . M.	
(State or country)	Name of operation
15. MAIDEN NAME Elizabethe Conquest	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town)	Where did injury occur?
7. INFORMANT Clesabette Ballard (mother)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
7. INFORMANT Cleader Paramoke and (maller)	Specify whether injury occurred in his bost kit, in nome, or in Public Place.
8. BURIAL, CREMATION, ON REMOVAL ON 1 1 1 2 2	Manner of injury
Place husts M. Churgater fully 231936	Nature of injury
19. UNDERTAKER Alexander Ballarder (Address) Poponial In Station	24. Was disease or injury in any way related to occupation of deceased?
D. FILED Ruly 23, 1936 Je May Jumes	(Signed) Such R Marin M. D. (Address) Salisky My M.D.
the same of the sa	2411 N. Charles Street, Baltimore, Requesting U. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	-1)	1	Example II	
The principal cause of death and related/causes of importance were as follows:	Date	of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 6 1035		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	Jul	15,1927	Peritonitis	3 days ago
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones	Mag	y 1,1923	Gastroenteritis	1 year
	-			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RV	PHYSICIAN
MUNITIONAL	DI MUE	LOW	PURTHER	SIMILMINIS	DI	THISICIAN



STATE OF MARYLAN PLACE OF DEATH CERTIFICATE OF DEATH County-Registration Dist. No. Ward) If death occurred in hospital or institua Black ion, give its NAME in--lead of street C mumber.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE | 5 SINGLE. 3 SEX MARKIED. WIDOWED (Month) (Day) OR DIVORCED may I HEREBY CERTIFY, That I attended the deceased from (Write the word) DNIQNIE DATE OF BERTH .192 to that I last saw h alive on truction (Month) (Day) (Tear) and that death occurred on the date stated above, at 0 7 AGE If LESS than The CAUSE OF DEATH A was as follows: I day ... hrs. ..ds.lor.... min. ?mos..... 8 OCCUPATION ED (a) Trade, profession or particular kind of work ... a (b) General nature of industry (Duration)yrs......mos..... business, or establishment in which employed or (employer) Contributory Secondary 9 BIRTHPLACE (State or country) (Duration)yrs......mos.. ARGIN 10 NAME OF (Signed) FATHER 192 (Address) ... 11 BIRTHPLACE *State the Disease Causing Death, or, in deaths from 山区 state OAUSE OF FATHER Violent Causes, state (1) Means of Injury: and (2) whether N (State or country) Accidental, Suicidal or Homicidal 12 MAIDEN NAME 04 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients, or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER yrs. mos..... da. State,yrs...... moe. of death Ö (State or country) should Where was disease contracted, if not at place of death?..... of BEST OF MY KNOWLEDGE statement usual residence 50 19 PLACE OF BURIAL OR REMOVAL DATE OF RURIAL VETY CIA ADDRESS 20 UNDERTAKER Filed Registrar more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. No. 1



(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; It nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotice engineer. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative healthstate occupation at beginning of illness. If retired tom or given up on account of the bisease causing Delph. gaged in domestic service for wages, as Serreal, Gook, to report specifically the occupations of persons ployed, as At "chool or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who ree laborer, Farm laborer, Laborer-Coal mine, etc. er," etc., (a) Foreman. (b) Automobile factory. whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer tree Housemaid, etc. If the occupation has been cha Statement of Occupation-Precise statement of oc For many occupations a single word or term on or .1t Home, and children, not gainfully without more precise specification as The material F The sed em Day

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Examples: Accidental drowning; Possoned by carbolic acid—probably suicide. ture of the injury, as fracture of skull, and conse-Equences (e. g., sepsis, tetanus) may be stated under the train-accident; Revolver wound of head-homicide; niges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Astheuia," "Anaemia" ary), 10 ds. Never report mere symptoms or causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; ment of cause of death approved by Committee taken. For VIOLENT DEATHS State MEANS OF INJUBY State cause for which surgical operation was under discases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakuess," etc., when a definite disease "Dropsy," "Exhaustion," "Teart failure," "Haemor (secondary or intercurrent) affection need not be Nomenclature of the American Medical Association.) PUERPERAL septicaemia,""PUERPERAL peritonitis," Whooping cough; of "contributory." "Debllity" ("Congenital," "Senile," etc.), Chronic valvular heart disease; (Recommendations on state-Example: Measles (disease Struck by railway terminal (second-(merely "Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

0/	7 te 7	STATE OF MARYLAND—	CERTIFICATE OF DEATH 7723
	infor- state UPA-	1. PLACE OF DEATH .	- 059 Solts City
M)	ould occ	County Streemeed	Registration Dist. No. 1 333
	should of OCC	Village or City dalisbury	Nonnesula Leveral Horpital
(2)		Length of residence in city or town where death occurredyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number)
(C)	ND. Every	2. FULL NAME Inlant Brooks	
A		(a) Residence: No.	St. Ward. Ballimore, Ind
1		(Usual place of abode)	If nonresident give city or town and State
5	RECC PF Exact	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE. MARRIED. WIDOWED.	MEDICAL CERTIFICATE OF DEATH
	7	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR. DIVORCED (curitic the word)	21. DATE OF DEATH
D.	T L ed.	5a. If married, widowed, or divorced	(Month) Oay) (Year)
BINDIN	A C T I	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
	RM N Cla	10 18 1931	1936 to 1936
	IS A PE stated E properly certificate.	7. AGE Years Months Days If LESS than	I last saw hearth alive on
FOR	IS A PE stated E properly ertificate	July 1 day. Z hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	70	8 Trade profession or particular	Date of onset
田田	Hade	Kind of work dono. &s SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Proceedier Colinery
RV	nay back	work was done, as SILK MILL,	(6 min fulgat)
RESERVED	N H H	10. Date deceased last worked at this occupation (month and spant in this	
RE		year) occupation occupation	Other Contributory Causes of importance:
	NFADING plied. AGP erms, so tha instructions	12. BIRTHPLACE (city or town) Dalesburg	
ARGIN	UNFAI upplied. terms,	(State or country) Mary landle	
EAE	D d t	E)e
1		(State or country) Latturone Md	Name of operation
	WITH sefully sin plain ant. Se	15. MAIDEN NAME Mary Clave Boyle	23. If death was due to external causes (VIOLENCE) fill in also the following:
		15. MAIDEN NAME Mary Clare Boyle 16. BIRTHPLACE (city ur town) (State or country)	Accident, suicide, or homicide? Date of injury 19
	INLY be ca EATH impor	(State or country) worky lown Ma	Where did injury occur? (Specify city or town, county and State)
		17. INFORMANT James V. Noones (Address) Baltimore In a	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	E PLA Should OF D	18. BURIAL CREMATION, OR REMOVAL	Manner of injury
	四月四十	Place Levy Cathedras Date July 18, 19, 36	Nature of injury
_	-WRITE mation s CAUSE TION is	19. UNDERTAKER STAND H. Me ars	24. Was disease or injury in any way related to occupation of deceased?
S. No. 1	B. C. T. C.	(Address) Ballymore Ind	If so, specify
vi	7 (3)	20. FILED July 18, 19 36 & May Junes	(Signed) Olean Japanese M. D.
		If more blanks are wholed address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No.
		-, more vanno are perace, usures State Acsistrat,	ages in Chance Street, Dathmore, Requesting "O. S. No. 18

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis SECE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

3

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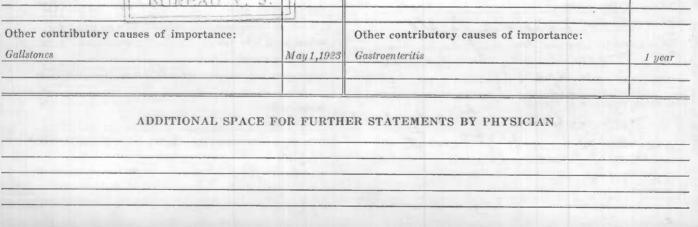
- 8.—The trade, profession, or particular kind of work done.
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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURFAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



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	Example I		Example II	
The principal cause of of importance were as	death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	RECEIVE	915	Attack of epilepsy	1 week ago
Chronic interstitial nephri	18	1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 8 1936	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S			
Other contributory caus	ses of importance:		Other contributory causes of importance:	No. Alle
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE C	OF MARYLAND	CERTIFICATE OF DEATH	7726
1. PLACE OF DEATH	We dy	mch 59)	200
County Tucomuc		Registration Dist. No.	303
Village or City Dale	huy 1119.	No. St. death occurred in a horpital or institution, give its NAME instead of street at	Ward
Length of residence in city or town where			
2. FULL NAME Trugis	Ma alice (all 4 6. S. Veto an, specify WAR	
(a) Residence: No. /////	2.#3	St., 9 Ward Saluting M	d.
	(Usual place of abode)	If nonresident sive city or town	
PERSONAL AND STATIST 3. SER 4. ©DLOR OF RACE		MEDICAL CERTIFICATE OF DEATH	
Emale Hit	or proofeed (write the word)	21. DATE OF DEATH (Month) (Day)	193(Year)
5e. If married, widowad, or divorced MUSBAND of (or) WIFE of	V. Call more		ed deceased from
1 2	17 10/1	Allen 25 , 1936, 10 /20 2	19.3.4
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS then	last saw harman alive on 192	6 -; death is said
log 7	1 day,hrs.	to heve occurred on the date stated abova, at	
8. Trada, profession, or perticular	7/ ormin.	were as follows:	Oate of onset
8. Trada, profassion, or perticular kind of work done, as SPINNER; SAWYER, BOOKKEEPER, etc	frue long	Draft Mull V	319
9. Industry or business in which work was done, es SILK MILL,	A Horne	" " " " " " " " " " " " " " " " " " "	
kind of work done, as SPINNER; SAWYER, BOOKKEEPER, etc	11. Total time (years) spent In this		
this abunation (month and 93	spent In this occupation		
12. BIRTHPEACE (city or town) Jako	huy - 1	Other Centributory Causes of importance:	
(State or country)	ma.	Menne Come	2 da.
13. NAME Davelly	V adjens		
13. NAME LICELLA 14. BIRTHPLAGE (city or town)	abely not	Neme of operation Date o	f
(State of country)	71:00 194	What test confirmed diagnosis? Was there	an autopsy?
15. MAIDEN NAME OUT 16. BIRTHPLACE (city or town Fruit	Human	23. If death was due to axtarnal causes (VIOLENCE) fill in also the follow	ving:
0 16. BIRTHPLACE (city or town)	illand	Accidant, suicide, or homicida? Date of Injury	, 19
(State or country)	Pag.	Where did injury occur?(Specify city or town, county and	State)
17. INFORMANT / Land Jack (Addrass)	my Del.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, OR TOPOVAL	el Con 1 31	Manner of injury	
Plece Muy Com	100te July 7,1906	Nature of injury	
19. UNOERTAKER / Ilous	11/1/10	24. Was disaase or injury in any wey related to occupation of deceased?	m
(Addrass)	ma	If so, specify	
20. FILED July 7 , 1936 &	May Jumes	(Signed)	M. D.
If more	Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	
	(, , , , , , , , , , , , , , , , , , ,	-1 Commenter of the state of the state of	

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
E-Hits	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Chronic interstitial nephritis NIC 8 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			LIFE OF STREET

ADDITIONAL SPACE FOR FURTHER STA	ATEMENTS BY PHYSICIAN
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cor, - become mennes and	great occuret
was stop alue all brought	to hoopelat but died
about medely from skull	Myary
	18 Red l



should state item of inforOCCUPA-

1. PLACE OF DEATH	4	82-20	0 0 4 1 1
County Wia Gom	LCOV)	Registration Dist. No.	337
Village or City Clara		No. f death occurred in a hospital or institution, give its NAME instead of s	
Length of residence in city or town where d	eeth occurredyrsmo	ds. How long In U.S. if of foreign birth?yrs	ds
2. FULL NAME OLIVER	Washington	wlformutaks. Veteran, specify WAR	
(a) Residence: No	(Usual place of abode)	St., Ward. If nonresident give city or	town and State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DE	ATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oby)	, 193 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	Leconway	22. THEREBY CERTIFY, Thatel	attended deceased from
6. DATE OF BIRTH (month, day, end year)	nex 157/0186	1 last saw h in alive on Del 2	, 19 3 6 death is sain
7. AGE Years Months	Oeys If LESS than	to heve occurred on the date stated above, at _6=2 faim.	
74 4	7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importa	1
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Tarmen	ahold	Date of onget
9. Industry or business In which work was done, as SILK MILL,			
10. Date deceased lest worked at this occupetion (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town)	Jeffer,	Other Contributory Causes of importance: Carterior Cart	roses
W 13. NAME HOME	nux		
14. BIRTHPLACE (city or town) (State or country)	arge,	Name of operation	
15. MAIDEN NAME Soul	Know	23. If death wes due to external causes (VIOL ENCE) fill in also the	following:
16. BIRTHPLACE (city or town)(State or country)	?	Accident, suicide, or homicide? Oate of injur	ry, 19
17. INFORMANT	agy -	(Specify city or town, count Specify whether injury occurred in INDUSTRY, in HOME, or in Pl	y and State) UBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Large Ma	Dete July 2.4. 1936	Manner of Injury	
19. UNDERTAKER MAS HELL	ssiof & Jans	24. Was disease or injury in any wey related to occupation of dece	pased?

STATE OF MARYLAND-CERTIFICATE OF DEATH

19. UNDERTAKER (Address)

24. Was disease or injury in any wey related to occupation of deceased?

If so, specify

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Registrar.

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Example 1	1,	Example 11	
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Arteriosclerosis TOECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS B	Y	BY PI	HYSICIAN	V
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3

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Example I		Example II		
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Chronic interstitial nephritis AIIC 8 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.	100			
	7			
Other contributory causes of importance:	A. Tipa	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS BY PHYSICIAN
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н	A	ma	CA	-
No.	~	H		
8/2	B.		-	,,,,
>	Z		1-	1
			1	1

1. PLACE OF	F DEATH		
County 4	ulamil	o ma	(95E) Registration Dist. No. 333
Village or C	ity Salesler	my m.d	No. St., Wa (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of resi	dence in city or town where	death occurred. & yrs,	mosds. How long In U.S. if of foreign birth?yrsmos
2. FULL NA	ME James	ue Denn	is
(a) Residen	ce: No	(Usual place of abode)	St., Ward. N.A. If nonresident give city or town and State
PERSON	IAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE A. A.	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word	. 21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widow HUSBAND of (or) WIFE of	red, or divorced		22. I AEREBY CERTIFY. That I attended decessed fi
S DATE OF BIRTH ((month, day, and year)	m 22 1928	7 Mast saw half alive on 11 192 Greath is s
7. AGE Yea	rs Months	Deys If LESS tha	n to have occurred on the date stated above, at 3 Am.
16	, 3	16 1 day, min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profes	ssion, or particular work done, as SPINNER,	2.1	Theunate Chest is We
SAWYER,	BODKKEEPER, etcbusiness in which		Chronigy rheumatic heart dysease protion : 3 years.
work was	s dona, as SILK MILL, L, BANK, etc		Real ly willens fliebess with
D. Data decease	ed last worked at pation (month and	11. Total tima (years) spent in this Bay occupation	Exolocarde to, with infection of the
4	Easte	desupation	Other Contributory Causes of Importanca: 3 months.
12. BIRTHPLACE (cit (State or cour		A	
1 0	1000-1-6	0	
13. NAME	(city or town) & do		Name of operation Agrif Data of
(State or	, , , , , , , , , , , , , , , , , , , ,	amd	What test confirmed diagnosis? Allered Was there an autopsy?
15. MAIDEN NA	MEEmma	Blanlord	23. If death was due to axternal causes (VIOLENCE) fill In also tha following:
15. MAIDEN NAI	(city or town) Trans	allowed	Accident, sulcide, or homicide? Date of injury, 19
(31318 01		mel	Where did injury occur?
17. INFORMANT (Address)	Salud &	lanford	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMAT	ION, DR REMOVAL	Mand med 1h	Mannar of Injury
Place / 1. **	cely Islow!	Date July 12 19	Nature of injury
19, UNDERTAKER (Address)	for gli St	wort	24. Was disease or injury in any way related to occupation of deceased?
20. FILED July	1 12,1368	Thay Turner	If so, specify (Signed) M
1		Registrar	rar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1936	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.		6	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

1. PLACE OF DEATH County Wid comico Wilage or City Sallsbury Md			SI	ATE	OF MAH	RYLAND—	CERTIFICATE OF DEATH 773	
Village or City Salisbury Md No. P.G. HOSPITAI St. Ward Length of residence in city or town where deeth occurred Myss. mes. d. How long in u. S. If of tenging bith? yes mes. d. How long in U. S. If of tenging bith? yes mes. d. How long in U. S. If of tenging bith? yes mes. d. How long in U. S. If of tenging bith? yes mes. d. How long in U. S. If of tenging bith? yes mes. d. How long in U. S. If of tenging bith? yes mes. d. How long in U. S. If of tenging bith? yes mes. d. How long in U. S. If of tenging bith? yes mes. d. How long in U. S. If of tenging bith? yes mes. d. How long in U. S. If of tenging bith? yes mes. d. How long in U. S. If of tenging bith? yes mes. d. How long in U. S. If of tenging bith? yes mes. d. How long in U. S. If of the tenging bith? yes mes. d. How long in U. S. If of the tenging bith? yes mes. d. How long in U. S. If of the tenging bith? yes mes. d. How long in U. S. If of the tenging bith? yes mes. d. How long in U. S. If of the tenging bith? yes mes. d. How long in U. S. If the profession of the deep time entry in the profession of particular day, and yeer) Ja n. 27.1865 If yes down in the profession of particular day, and yeer) Ja n. 27.1865 If yes down in the day state and yes and in the day state and yes and in profession of particular day, and yeer as follows: If yes down in the day state and yes a	1	1. PLACE OF	DEAT	Н		-	(210-m)	
Langth of residence in city or town where deeth occurred		County	Wicc	mico				
Langth of residence in city or town where deeth occurred		Village or Ci	ty Sal	isbury	Md		No. P.G. Hospital St. 13 W	ard
2. FULL NAME Archibald. J.Fleming (a) Residence: No. Lil2 West Main St. (Usualphece of shocks) PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE No. D. WARD Confer the word So. II married, widowed, or divorced (O) Wife of Sallie Fleming 5. I. Married, widowed, or divorced (O) Wife of Sallie Fleming 5. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months 22 1 day. 14. Less sub hard stated above, at. G. 164m. 7. AGE Years Months 22 1 day. 15. Less than 15. Sawyer, RookKeffer, etc. 16. Linday to business in which work was done, as SIK MILL, SAWYER, ROOKKEFFR, etc. 17. Sawyer, RookKeffer, etc. 18. Linday to business in which (State or country) WOTCOSTOR Md. 19. Say						5-0 (II	death occurred in a hospital or institution, give its NAME instead of street and number)	
(a) Residence: No. 1112 West Main St. (Usalplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX Main 4. COLOR OR RACE Main 5. SINCLE, MARRIED, WIDOWED, OR DIWACED Connic the word) So. II married, widowed, or divorced (Co) White O' Sallie Fleming 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months SAWYER, BOOKKEERR, etc. Indiator, or particular widowed, or divorced (co) White of balance in which it is said to have occurred on the date stated above, at. 6, 156 m. The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: Date of onset It is as whill, Bahk, etc. SAWYER, BOOKKEERR, etc. Indiator or basiness in which III. SAW MILL, BANK, etc. SAW MILL, BANK, etc. SAW TER, BOOKKEERR, etc. Indiator or basiness in which III. SAW MILL, BANK, etc. SAW TER, BOOKKEERR, etc. Indiator or basiness in which III. SAW MILL, BANK, etc. SAW TER, BOOKKEERR, etc. II. SIBTHPLACE (city or town) Near Snow Hill Md. SAW MILL, BANK, etc. State or country) Worcester Md. II. BIRTHPLACE (city or town) Near Snow Hill II. BIRTHPLACE (city or town) Near Snow Hill SIB III. SAW THANKER OCCA PUSS OF The Main Indiatory occurred in House Screen and State Confirmed diagnosis Membra Screen and State Confirmed diagnosis Membra Linear Confirmed Confirmed diagnosis Membra Linear Confirmed Con		Length of resid	dence in city	or town where	deeth occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrsmos	.ds.
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Male White OR DWARCED Comite the world wild, so the process of the world wild, so the wor	-							
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HUSBAND of (or) WIFE of Sallie Fleming 22. I HEREBY CERTIFY, That I attended deceased from (or) WIFE of Sallie Fleming 33.6, to 93.6, to 93.6, does this said to have occurred on the date stated above, at 6.164m. The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: Date of ones. The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: Date of ones. Date of ones. Date of ones. The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: Date of ones. Date of ones. Date of ones. Date of ones. The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: Date of ones. What test confirmed diagnosis? Was there an autopsy? The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: Date of ones. Date of ones. Date of ones. Date of ones. What test confirmed diagnosis? Was there an autopsy? Date of ones. What test confirmed diagnosis? Was there an autopsy? Date of injury. Cause or country. Wordester Md. What test confirmed diagnosis? Was there an autopsy? Date of ones. Specify one following: Academi, suicide, or homicide? Cause or country. Where did injury occurred in InDUSTRY, in IOME, or in PUBLIC PLACE. Where did injury occurred in InDUSTRY, in IOME, or in PUBLIC PLACE. Where did injury occurred in INDUSTRY, in IOME, or in PUBLIC PLACE. Where did injury occurred in INDUSTRY, in IOME, or in PUBLIC PLACE. Where did injury occurred in INDUSTRY, in IOME, or in PUBLIC PLACE. Where did injury occurred in INDUSTRY, in IOME, or in PUBLIC PLACE. Where did injury occurred in INDUSTRY, in IOME, or in PUBLIC PLACE. Where did injury occurred in INDUSTRY, in IOME, or in PUBLIC PLACE. Where did injury occurred in INDUSTRY, in IOME, or in PUBLIC PLACE. Where did injury occurred in INDUSTRY, in IOME, or in PUBLIC PLACE. Where did injur	-		1		A Tr	4,9	(Month) (Day) (Year	}
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Nonths Days If LESS than 1 day, hrs or min. 8. Trade, profession, or particular Sind of work dome, as SPINNER, Which of work dome, as SPINNER, Industry or business in which SAW MILL, BARK, etc. IO. Date decessed last worked at 1930 SAW MILL, BARK, etc. IO. Date decessed last worked at 1930 SAW MILL, BARK, etc. IO. Date decessed last worked at 1930 SAW MILL, BARK, etc. IO. Date decessed last worked at 1930 II. Total time (years) Speni in itskyl. fet ime occupetion Other Cestributory Cases of importance: II. BIRTHPLACE (city or town) Near Snow Hill II. Made Tasac Fleming II. Man Tasac Fleming II. BIRTHPLACE (city or town). Near Snow Hill II. Smallen NameRebecca Pusey II. Smallen NameRebecca Pusey II. Smallen NameRebecca Pusey II. Smallen NameRebecca Pusey II. Informant Snow Hill Aciddens, suicide, or homicide: Specify whether injury occurred in Industry. Industry Manner of Injury Nature of Injury	36				ino		22. I HEREBY CERTIFY, That I attended deceased in	rom
7. AGE Years 5		(OI) WIFE OI					7/18 ,1936 , to 7/19 ,193	6.
The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	6.	DATE OF BIRTH	month, day,	and yeer)	Ja n.2"	7.1865	I lest sew handlive on 7/18 , 1936; deeth is	said
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M. D.	L	(Address)				<i></i>	If so, specify	
and the state of t	2	FILED July	27 19	37.	. ma	y Jumes		W. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis AUG U 1930	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and year) (State or country) 12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. Manual Country (State or country) 18. Maiden Name 29. Industry or business in which work was done, as SILK MILL, SAW MILL, SA	
Village or City Foresting of residence in city or town where death occurred. Length of residence in city or town where death occurred. (a) Residence: ND. (b) Mard. (b) Mard. (c) Residence: ND. (c) Ward. (d) Residence: ND. (d) Ward. (d) Residence: ND. (d) Ward. (d) Residence: ND. (d) Ward. (e) Residence: ND. (f) Geath occurred in a hoppial or institution, give its NAME instead of street and number death occurred in a hoppial or institution, give its NAME instead of street and number death occurred. (e) Residence: ND. (f) Geath occurred in a hoppial or institution, give its NAME instead of street and number death occurred in a hoppial or institution, give its NAME instead of street and number death occurred in a hoppial or institution, give its NAME instead of street and number death occurred in a hoppial or institution, give its NAME instead of street and number death occurred in a hoppial or institution, give its NAME instead of street and number death occurred in a hoppial or institution, give its NAME instead of street and number death occurred in a hoppial or institution, give its NAME instead of street and number death occurred in a hoppial or institution, give its NAME instead of street and number death occurred in a hoppial or institution, give its NAME instead of street and number death occurred in a hoppial or institution, give its NAME instead of street and number death occurred in the occurred in the data stated and street and stated above, at 21 institution, give its name of a street and an street on the occurred on the data stated at street and street and at	et .
Length of residence in city or town where death occurred	Ward
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(State or country) 13. NAME	
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Whera did injury occur? (Specify city or town, county and State)	
Whera did injury occur? (Specify city or town, county and State)	9
(Specify city of town, county and State)	
17. INFORMANT Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE. (Address) Fautland; Indiana Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.	
18. BURIAL, CREMATION, DR REMOVAL ASSA DELPTY, Ind. Manner of injury	
Place fasting Com Date faty 4), 19	
19. UNDERTAKER Sills S. Mary 24. Was disease or injury in any way related to oper pation of deceased? 24. Was disease or injury in any way related to oper pation of deceased? 24. Was disease or injury in any way related to oper pation of deceased? 24. Was disease or injury in any way related to oper pation of deceased? 24. Was disease or injury in any way related to oper pation of deceased? 24. Was disease or injury in any way related to oper pation of deceased? 24. Was disease or injury in any way related to oper pation of deceased? 24. Was disease or injury in any way related to oper pation of deceased? 24. Was disease or injury in any way related to oper pation of deceased? 24. Was disease or injury in any way related to oper pation of deceased? 24. Was disease or injury in any way related to oper pation of deceased? 24. Was disease or injury in any way related to oper pation of deceased? 24. Was disease or injury in any way related to oper pation of deceased? 24. Was disease or injury in any way related to oper pation of deceased? 24. Was disease or injury in any way related to oper pation of deceased? 24. Was disease or injury in any way related to oper pation of deceased? 24. Was disease or injury in any way related to oper pation of deceased? 24. Was disease or injury in any way related to oper pation of deceased? 24. Was disease or injury in any way related to oper pation of deceased? 24. Was disease or injury in any way related to oper pation of deceased? 24. Was disease or injury in any way related to oper pation of deceased? 24. Was disease or injury in any way related to oper pation of deceased? 24. Was disease or injury in any way related to oper pation of deceased? 24. Was disease or injury in any way related to oper pation of deceased? 24. Was disease or injury in any way related to oper pation of deceased? 24. Was disease or injury in any way related to oper pation of deceased? 24. Was disease or injury in any way related to oper pation of deceased? 24. Was disease or injury in any way related t	
20 Theoly 4, 1936 Harry E Hudsan (Signed) Policies Del	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II		
The principal cause of importance were	of death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial ner	phritis AUG 4 1966	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributery	payens of importance:		Other contributory causes of importance:		
Gallstones	causes of importance:	May 1,1923		1 year	
- Cuttoion					

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1

state infor-

1. PLACE OF DEATH

2	OR DIVORCED (write the word)	(Month) (Day)	., 193 (Year)
4 41	Purs	Jan 6, 1930, 10 July2,	deceased from
ear) L	lug 5- 1881	1 last sawh care alive on facility for	: death is said
Months	olys if LESS than 1 dayhrs.	to have occurred on the date stated above, at	
//	ormin.	were as follows:	Date of onset
r NNER, kc	no	Chronic Myscarditis	1931
ILL, A	anner		
of a	11. Total time (years) Spant in this occupation		
rek	awalkin	Other Controller Cause Comportance:	1934
041	usi	Scolissis	Life
Pal	chawalhan	Name of operation Date of What test confirmed diagnosic Annual Manual Was there an	- Mary
11/1	a. Rahimon	23. If death wes due to external causes (VIOLENCE) fill in elso the following	
5	Tich	Accident, suicide, or homicide? Date of injury	
	Berd.	Where did injury occur?	
lian	Hilreth	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	
Me	my and		
Men	Date July 30, 19 2 6	Manner of Injury	
464	Stewart	24. Was disease or injury In any way related to occupation of deceased?	mo.
6	lung god	If so, specify (Signed)	ly M.D.
Z	Registrar.	(Address)	rate fan
If more	blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	13

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis R E C	1915	Attack of epilepsy	1 weck ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage AUG	July 5,1927	Peritonitis	3 days ago	
BUREAU V S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



V. S. No. 1

18. BURIAL, CREMATION, OR REMOVAL

17. INFORMANT (Address)

19. UNCERTAKER

(Address)

(State or country)

OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7734
1. PLACE OF DEATH	9370
County Klenon, Ind.	Registration Dist. No. 33/
Village or City Micanuca Cumas	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Elisha James Oc	llis
(a) Residence: No. Album md, (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (perite till word) Married Married	21. DATE OF DEATH (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Helle Ellen Fitzgerall	22. I HEREBY CERTIFY, That I attended deceased from 1936, to 1949, 1936
6. DATE OF BIRTH (month, day, and year) 16. 76. 7. AGE Yeers Montrs Days If LESS than	i last saw h. 22 alive on
5-8 11 23 1dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:
28 Trade profession or particular	Chrome My reachers 220
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc B. Industry or business in which work was done as SIIK MILL	1
work was done, as SILK MILL, SAW MILL, BANK, etc.	
O Oate deceased last worked at this occupation (month end) 11. Total time (years) spent in this year)	
12. BIRTHPLACE (city or town) Alban	Other Contributory Causes of Importance:
(State or country)	Aut dihtetory heart 24hours
13. NAME Wer Rush Sillis	
14. BIRTHPLACE (city or town) 14. Chala or country)	Name of operation Date of
(State of Country) /Aa:	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Maney A. Bennette	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Maney A. Bennett	Accident, suicide, or homicide?, 19, 19, 19

Where did injury occur?____ (Specify city or town, county and State)
Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury 24. Wes diseese or injury in env

If so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the oecupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: CEIVED Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis AUS 4 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	` Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STA'	TEMENTS BY	PHYSICIAN
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STATEMENTS BY PHYSICIAN



V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7735
11.	(B)
County // comiles	Registration Dist. No. 33.3
Village or City Salesbury (16	No. 18th D. Towns / Caral Fr List Jed Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Mrs. Tilie Gooda	ll
(a) Residence: No. Lemon Mill	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purite the word)	21. DATE OF DEATH
Hemele Thate Thidowed	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Ant know	The 10, 1936 to Oula 26 1936
6. DATE OF BIRTH (month, day, and year) May 27, 1864	I last saw her alive on July 12 1 19 36; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2:00 Am.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: Cardeo revelvascula Date of onset
kind of work done, as SPINNER, Sousewife	
9. Industry or husiness in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
year) 739 occupation 4944	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Therlington	general anasarous
(State or country) Hew Gersey	V
II 13. NAME Jeorge Willman	
13. NAME Jeorge Willman 14. BIRTHPLACE (city or town) About	Name of operation
(State of country) Thew feesely	What test confirmed diagnosis?
15. MAIDEN NAME Mary Prior 16. BIRTHPLACE (city or town) Mt. Holly	23. If death was due to external causes (VIDLENCE) fill In also the following:
o 16. BIRTHPLACE (city or town) The Holly	Accident, suicide, or homicide? Date of injury, 19
(State or country) Plear (fersul)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT // Lone Jones Shoesley	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) John B. Darron's Dome forthoffged	
Place Parsons Cem, Date 1-28 1936	Manner of injury
171 Dd:00 () D	Nature of injury
19. UNDERTAKER The Rell & Johnson Cl. (Address) Sa Vialent Mars	24. Was disease or injury in any way related to occupation of deceased?
18 21 Margland	If so, specify
20. FILED My D., 19 96 W. May Junes. Registrar.	(Signed) M. D.
If more blanks are needed address State Registrar	Tarr N. Charles Street Relationers Parasiting 71 S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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FOR BINDING

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 773
1. PLACE OF DEATH County Messaile	Registration Dist. No. 333
Village or City Salushy Ma	No. PO-# St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME MULLI J. Hamm	on G. If U. S. Veteran, specify WAR
(a) Residence: No 110-#1. Jacksyll (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SNCLE, MARRIED, WIDOWED, OR DUTORCED (write the word)	21. DATE OF DEATH July . 12 4 193 6
a. If merried, widowed, or divorced	(Month) (Day) (Yéar)
(or) WIFE of Blorge M. Hammon	1 HEREBY CERTIFY. That I ettended deceased fro
DATE OF BIRTH (month, first, end year) Aug. 20. 1905	Mast saw h alive on 19 ; death is sa
AGE Years Months Days If LESS than	to heve occurred on the date stated above, at
30 10 9 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	ante Valor Vear - 193
S. Hade, prossion, or particular as SPINNER, SAWYER, BOOKKEFER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last driked at Secretary as seen in this occupation must be seen to the secretary and seed to the secretary and seen to the secretary and seen to the secretary and seen to the secretary and secretary an	Strangulation of tracker 1 4
10. Date deceased last dorked at 5 3 11. Total time (years) spent in this occupation wonth and 5 3 ccupation -	over diaterasion and pressure by cancerous glands!
2. BIRTHPLACE (city or fown) PD-#/ Salary (State or county)	Other Contributory Causes of importants: 12 months Cut of
	Cercel Girany,
13. NAME Court Sugarement of the State of Country (State or country)	Name of operation Date of West here an autopsy?
15. MAIDEN NAME FRUIA Parken	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Janua Parkers 16. BIRTHPLACE (city or town) Pattanelle (State or country)	Accident, suicide, or homicide? Date of Injury, 19
7. INFORMANT Block M. Hammon &	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVALO	Manner of injury
Place with the part 12, 1936	Nature of Injury.
9. UNDERTAKER Attlytonay & Co. (Address) Jalun & M.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED July 13, 1936 & May June	(Signed) M. (Address) Apple M.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
-BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Service of the servic			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

3

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i)	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago	
Cerebral hemorrhage AUG 1	July5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastrocnteritis	1 year	

Other contributory causes of importance:		Other contributory causes	s of importance:	
Gallstones	May 1,1923	Gastrocnteritis	.(4	1 year
ADDITIONAL SPACE	E FOR FURTH	ER STATEMENTS BY P	HYSICIAN	

BINDING

S. No.

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis = EIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG 8 1936	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

23

(If death occurred in a hospital or institu-

X	stead of street and number.)
MEDICAL CERTIFICATI	E OF DEATH
16 DATE OF DEATH July 2	9 , 1936
	(Day) (Year)
May S 1520 to	attended the deceased from
that I last saw h Maliva on July	1 29 , 1936,
and that death occurred on the date ata	
The CAUSE OF DEATH * was as follows:	
Juterculosis of the	e Lungs
	lown
	yrede.
Contributory Secondary	777 on 1 a housed consonant 100 on 10
(Duration)	yrs
(Signed) (Address) falia	stury, Md.
*State the Disease Causing Dea Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	
18 LENGTH OF RESIDENCE (For Horisants or Recent Residents)	pitals, Institutions, Trens-
At place 2	
of death	stateyremosde.
if not at place of death?	-0+0+0+0+70000000-4900000000000000000000000000
Former or usual residence	
Pols Road More	DATE OF BURIAL Low Aug 2 1936
20 UNDERTAKER	MA Transport

WRITE



(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fireman, etc. But in many tion applies to each and every person, irrespective of age. For many occupations a single word or term on fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons en ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor At Home, and children, not gainfully emyrs). Farm laborer, Loborer-Cool mine, etc. Womwithout more precise specification as Doy For persons who have no occupation (b) Automobile foctory. The material (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

cletanus) may be stated under the head of "contributory." Recommendations on statement of cause of death American Medical Association.) approved by Committee on Nomenclature "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from ehildbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," 10 ds. Never report mere symptoms or terminal condistated unless important. inges, perilonoeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, carbolid pcid-probably suicide. The nature of the injury, accident Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. causing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, Whooping . (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. The contributory volvular heart Always qualify all

Il this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

E

V. S. No. 1

	STATE OF MARYLAND—	CERTIFICATE OF DEATH 7740
	1. PLACE OF DEATH	(31)
	County Thiomics	Registration Dist. No. 333
1	Village or City Salishuy	No. 546 So. Sinision St. 13 Ward
	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or Iown where deeth occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
	2. FULL NAME Mirerva Clen Jon	If U. S. Veteran, specify WAR
	(a) Residence: No. 546 Lo. Liniser XI (Usual place of abode) Lat	St., 3 Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR, DIVORCED (write, the word) The word	21. DATE OF DEATH (Month) (Dev) (Yeer)
	5a. If married, widowed, or divorced HUSBAND of	
	(or) WIFE of Milliam J. D. Jones	22. I HEREBY CERTIFY, Thet I attended deceased from
	C DATE OF DIPTI (100)	1 lest sew h series on 7/24 1936 deeth is said
certificate	6. DATE OF BIRTH (month, dey, and year) 7. AGE Yeers Months Days If LESS then	to heve occurred on the date steted ebove, at
tific	/ h	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
ceri	8 Trade profession or particular	were as follows:
Jo	8. Trede, profession, or particular kind of work done, es SPINNER, A Norse SAWYER, BOOKKEEPER, etc.	Miles humans
back	9. industry or business in which	
	work wes done, as SILK MILL, SAW MILL, BANK, etc	
no	- I this occupation (month and /	
instructions on	year) occupetion	Other Cautributary Causes of importance:
ctie	12. BIRTHPLACE (city or town)	6.1
tru	(State or country)	mus alle
	13. NAME Xeun Bell Littleton	Steven Mphaslar
See	14. BIRTHPLACE (city or town)	Name of operation Dete of
	(State or country)	Whet test confirmed diagnosis? Wes there en autopsy?
ant	15. MAIDEN NAME Salle C. Thockley	23. If death wes due to externel ceuses (VIOLENCE) fill in elso the following:
important.	15. MAIDEN NAME Sallie C. Shockley 16. BIRTHPLACE (city or Iown)	Accident, suicide, or homicide?, 19, 19,
du	(State or country)	Where did injury occur? (Specify city or town, county and State)
	17. INFORMANT Alfly and J. 1. The	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
very	(Address) Salis Mush, Mala. 18. BURIAL, CREMATION, DR REMOVAL Micronics 6.	
is.	Piece Sittleto Gang Vaid Date 2/77/560	Manner of injury
TION	of Mile of Ord in the	Neture of injury
TI	19. UNDERTAKER 16 / LOCK & SUMMAN 6. (Address) Salis Rund. The first state of the summary of th	24. Was disease or injury in any way related to occupation of deceesed?
7	1 24 2 (D. 72. 0)	if so, specify (Signed) M. D
1	20. FILED July -/ 1936 Ste May Small Registrar.	(Address Table)
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis 110 6 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones -	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN





333DATE

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

should state

N. B.-

STATE OF MARYLAND	CERTIFICATE OF DEATH 7742
1. PLACE OF DEATH	(MO)
County Wicomico	Registration Dist. No. 333
MANUAL MACCHINATION OF THE PROPERTY OF THE PRO	
Village or City Reminenta General Hospi	death geodred in a horpital or institution, give its NAME instead of vireet and number)
Length of residence in city or lown where death occurredyrsmos	
0 ' 1 1	
2. FULL NAME Dernice Lambertson	+ 40
(a) Residence: No. Pocomohe Transpland, Ro	Ward: If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	21. DATE OF BEATR
Female W married	(Month) (Day) (Yaar)
5e. If married, widowed, or divorced HUSBAND of	22. O I HEREBY CERTIFY That Attended dacased from
(or) WIFE of Carl Lambroton	Sely 5 136 Le T 1076
1011-9 1012	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6. DATE OF BIRTH (month, day, end year)	I last saw h. Laliva on Sty 45 k , 193 Sedeath is sald
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date dated above at C.U
20 ormin.	ware as the ws:
8. Trade, profession, or particular kind of work done, as SPINNER,	Jag Malyon
SAWYER, BOOKKEEPER, etc.	Infertion following
9. Industry or business in which work was done, as SILK MILL.	destin,
SAW MILL, BANK, etc.	
year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Archester (1)	Me a
(State or country) Md	1001
13. NAME Charles Outless	0.0
13. NAME Charles Outless 14. BIRTHPLACE (city or town) acquired	Name of operation Data of 2/3/31
(State or country)	What tast confirmed diagnosis? Olive Mes there an aulopsy?
15. MAIDEN NAME Daya - Joses	23. If death was due to external causes (VIOL ENCE) fill in also the following:
I	(33
16. BIRTHPLACE (city or town) Wallslew (State or country)	Accident, suicide, or homicide?
- (State et County)	Whare did Injury occur?(Specify city or town, county and State)
17. INFORMANT Vermon J. Slevenson	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) (focomobe, Md.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date 19 19	Nature of Injury
19. UNDERTAKER LASSASSASSASSASSASSASSASSASSASSASSASSASS	24. Was disease or injury In any way related to occupation of deceased?
(Address) Page Cilli Mad	If so, specify
Jan 31 0 211 0 14 11.	(Signed) M. D. M. D.
20. FILED XULY 1, 19 90 De Muy June	halile had

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: EIVED	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAUEV, S.		S	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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A. 8. No. 1

If more blanks are néeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH 77	44
1. PLACE OF DEATH	948	4 4
County Thironico	Registration Dist. No. 333	7
Village or City Salishair	No. Ruel & Peach St., 9 1	Ward
Length of residence in city or town where death occurred 1/9 yrs V mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth?yrsmos	ds.
2. FULL NAME (Clen) Mardanin		
(a) Residence: No. Lies & Real	St. 9 Ward.	
(Usual place of abode)	lf nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Month) (Dey) (Yea	2
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of & Guy Mandasici	22. I HEREBY CERTIFY. That I ettended deceased 7-30 1936 to 7-30 193	260
6. DATE OF BIRTH (month, day, end yeer) July 6, 1868	I last saw h_&& alive on 7 - 30 1936; deeth i	s said
7. AGE Yeers Months Days If LESS than	to heve occurred on the date stated above, atm.	
68 0 74 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:	naret
8. Trade, profession, or particular kind of work done, as SPINNER,	Coronary occlusion 7-30	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	(J	
work was done, as SILK MILL, SAW MILL, BANK, etc		
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	r.	
12. BIRTHPLACE (cily or town) (State or country)	Other Contributory Causes of Importance: Outeries Cleroses un	brou
1 1 16		
13. NAME PAY HELLOW	Name of operation. 2000 Date of	
(State of country)	What test confirmed diegnosis?Classical Was there an aulopsy?_	200
15. MAIDEN NAME Cafallo farara 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury	
(State or country) The All	Where did Injury occur?(Specify city or town, county and State)	
17. INFORMANT Dyla Gastally (Address) Falso huma	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Paising Cenelly fille Bate 8/1/3619	Nature of injury	
19. UNDERTAKER The Will A Others G.	24. Wes disease or injury in any way related to occupation of deceased? Lo	
(Address) Salishing & Mad.	If so, specify	
20. FILED Aug 1, 19 36 Gr, May June	(Signed) Cechees	.M. D.

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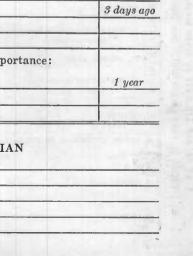
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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhaga RIPEAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP.	ACE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN	V
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V. S. No. 1

STATE OF	MARYLAND-CERTIFICATE	OF	DEATH
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p-th _q	$\ \cdot\ _{L^{2}}$		2-
7	1	4	1)
		K	5.1

1. PLACE OF DEATH	90
County Disconnico	Registration Dist. No. 331
	ND. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) 105ds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME Pulsus Jasper 77 (a) Residence: No. 266. (Usual place of shode)	St., Ward If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR MACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrighthe word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Sarah M. Royal	22. HEREBY CERTIFY. That attended deceased from July 19.36, to July 19.34
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs	I I I I I I I I I I I I I I I I I I I
Trada, profession, or particular kind of work done, as SPINNER, Mill owner SAWYER, BOOKKEEPER, etc	were as follows: Orbeiro-acle aria Date of encet
9. Industry or business in which work was done, as SILK MILL. Clean Mill Bank, etc.	u s
10. Data deceased last worked at this occupation (munth and 928 spent in this occupation (munth and 928 occupation	
12. BIRTHPLACE (city or town) Saliskung (State or country)	Other Contributory Canses of importance:
13. NAME James Mills 14. BIRTHPLACE (city or town) Mills	
(Stata or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Such Falsh 16. BIRTHPLACE (city or town) Delings (State or country) 17. INFORMANT Julhan Mills (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Place Date 7/3/3/6, 19	Manner of injury
19. UNDERTAKER Mallo Messick of Source (Address)	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED July 3 , 1936 Mis J m Wallue Registrar.	(Signed) William Survey M. D. (Address) Helian - m.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

nfor- state	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA.	1. PLACE OF DEATH	948
- 17	County Wiconies.	Registration Dist. No. 332
	Village or City Willards.	No. St., Ward
= 0		death occurred in a hospital or institution, give its NAME instead of street and number) 2.1. ds. How iong in U.S. if of foreign birth?
Every CIANS ement	1.1	n.
(D. Every YSICIANS statement	2. FULL NAME TOTAL	If U.S. Veteran specify WAR I LO.
rSi sta	(a) Residence: No. (Usual place of abode)	St, Ward. If nonresident give city or town and State
SH t	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
FECC. P. P. Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH /) //
	male Write OR DIVORCED (write the word)	July /7 , 193 6
VG TLY Ted.	5e. if married, widowed, or divorced	(Month) (Day) (Year)
BINDING ERMANEN EXACTI y classified te.	HUSBAND of Clare n wholen	22. HEREBY CERTIFY, That I attended decassad from
BINI PERM EXA Iy clas	micerlainiana	July 19 36, to July 19 36
BI PEI E I	6. DATE OF BIRTH (month, day, and year)	1 last/saw h, 19, 19, 19, 19
FOR B. IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated bove, at
FOR IS A stated proper ertific	ormin.	were as follows:
- 10	Trada, profession, or particular kind of work done, as SPINNER,	7/ 5-0/
TH d h	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Colonary Misrigan 1917
ERVI VK-T Should it may n back	SAW MILL, BANK, etc	
	10. Date deceased last worked at this occupation (month and 1935	
RES NG I AGE that	yaar) occupation	Other Contributory Causes of importance;
Z	12. BIRTHPLACE (city or town)	Other Countries of Importance.
AD AD ed.	(State or country)	
MARGIN UNFADI supplied. n terms, so	13. NAME VILLAGE (city or town)	
M. I su	14. BIRTHPLACE (city or town)	Nama of operation Date of Date of
WITH fully sun plain	(State of Country)	What test confirmed diagnosis? Was there an autopsy?
Y, WITJ carefully H in pla	15. MAIDEN NAME Unknown Jackson	23. If daath was due to external causes (VIOLENCE) fill in also tha following:
INLY, WI be carefu EATH in p	[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
AINLY, d be can DEATH	(State or country)	Whare did injury occur? (Specify city or town, county and State)
	17. INFORMANT he kevver haroson.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
3 PLA should OF D	(Address) Williams Mills BURIAL, CREMATION, OR REMOVAL	
	Place Casuder N. J. Data Inly 21 193 6	Manner of injury
WRITE mation s CAUSE TION is	05	Nature of injury
T E O H	19. UNDERTAKER . W. Durbon	24. Was disease or injury in any way related to occupation of decaased?
B. R.	(Addrass) (Augustian Augustian Augus	if so, spacify C 21 Halle and was
» z (T)	20. FILEDULY. 18, 1926 Sillian To Davis	(Signad) M. D. (Address) Beals M. D.
()	Registrar.	(Acutess)

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Chronic interstitial nephrilis 1950	1921	Run over by street car	1 week ago
	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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3

OCCUPA-1. PLACE OF DEATH plnods County... 100 meso Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) S ____ds. How long in U.S. If of foreign birth?_____yrs.____mos.____ds. Length of residence in city or town where deeth occurred statement CIAN 2. FULL NAME PHYSI (a) Residence: No. If nonresident give city or town and State (Usual place of abode) Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH (Month (Day) (Year) BINDING 5a. If married, widowad, or divorced HUSBAND of V CERTIFY. That I atjanded deceesed from (or) WIFE of 6. DATE OF BIRTH (month, dey, end yeer) 7. AGE Days Yaars Months If LESS then to have occurred on the date stated above, at I day, hrs. The PRINCIPAL CAUSE OF DEATH and related causas of Importance or____min. Data of onset 8. Trede, profession, or particular kind of work dona, as SPINNER, RESERVED SAWYER, BOOKKEEPER, atc. - Larmet OCCUPAT may 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc...... Date decaasad last worked et II. Total time (years)
spent in this this occupation (month end that occupation 50 gra ARGIN 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Name of operation _____ 14. BIRTHPLACE (city or town) ... plain (State or country) What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME MOTHE 23. If death was due to external causes (VIOLENCE) fill in also the following: in Accident, suicida, or homicide?______ Date of Injury_____, 19_____ DEATH 16. BIRTHPLACE (city or town) ___. (State or country) Where did Injury occur?__ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods OF (Address) 18. BURIAL, CREMATION, OR REMOVAL CAUSE mation Nature of Injury. LION 24. Wes disease or Injury In eny wey ralated to occupation of deceesad?. 19. UNDERTAKER (Addrass) If so, specify Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Dete of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG 1530	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
0			

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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2

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7748
1. PLACE OF DEATH	163)
County Mismus	Registration Dist. No. 333
Village or City Salishary	No. Teninsula General Marpilalst, 13 Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foralgn birth?mosds.
2. FULL NAME Blanche Mudson Pace	
/. · · · · · · · · · · ·	16
(a) Residence: No. Hold And (Usual place of abode)	St., / Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Month (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of	22.A. LUEDERY CERTIFY That I strated decrease from
(or) WIFE of	1936 to Selection 1936
6. DATE OF BIRTH (month, day, and year) Och. 9, 1877	Mast saw h elive on July B 19.36; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at V. 40 A m.
6.3 9 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows: Daty-of-onset
8. Trada, profession, or particular kind of work done, as SPINNER, at Thomas of the second of the se	Brelling orsany
9. Industry or business in which	
work was dona, as SILK MILL, SAW MILL, BANK, etc.	
11. Total time (years) this occupation (month end year)	
12. BIRTHPLACE (city or town) - A Halistand	Other Contributory Causes of importance: [Conflicts] 5 sta
13. NAME GERIAE CINDREW Parkens	
13. NAME GEAGE ANABEL FULLINS 14. BIRTHPLACE (city or town)	Name of operation Oate of Was there an autopsy?
IS. MAIOEN NAME Olectica Phillips	23. If deeth was due to external courses (VIOLENCE) fill in elso the following:
15. MAIOEN NAME Clease a Phillips 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT MISS MARIE Rolle Paisons,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury On Grands Brokenick
Place tueno cenery talestone 1/11/36,19	Neture of injury. Paraming
19. UNDERTAKER THE THIST & THISTY G.	24. Was disease or injury in any wey related to occupetion of deceased?
(Address) Saliebucely Ital.	If so, specify
20, FILEO July 1, 1956 May Jumes Registrar.	(Signed) M. D. (Address) Juliumy 2411

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	. 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7749
1. PLACE OF DEATH	4.0
County Muspaus,	Registration Dist. No. 333
Village or City Saliabuse	No. 709 Gay St., 5 Ward
Length of residence in city or town where death occurred GG yrs. V mos	f death occurred in a horpital or institution, give its NAME instead of street and number) s
Ω . Ω Ω	A /
2. FULL NAME I PLANT SWARD TW	If U.S. Veteran specify WAR
(a) Residence: No. 70 9 9 9 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Month (Oav) (Year)
5a. If married, widowed or divorced HUSBANO of	
(or) WIFE of annie Melma Perry	22. I HEREBY CERTIFY, That I attended deceased from 1936, to July 10 1936
6. DATE OF BIRTH (month, day, and year) May 13, 1870.	I last saw handlive on July 10 ,1976; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 1.45.71.m.
961 / 2/ ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Barker SAWYER, BOOKKEPER, etc.	Casamum of Robon Aughor
Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
o to oate deceased last worked at this occupation (month and 4/1/36 11. Total time (years) spent in this year)	
12. BIRTHPLACE (city or town) - IM-4, A	Other Contributory Causes of importance:
(State or country)	
13. NAME Kickard Perry	
13. NAME Michael Perry 14. BIRTHPLACE (city or town)	Name of operation Time Date of
(State of country)	What test confirmed diagnosis? Chuical Was there an autopsy?
15. MAIOEN NAME SALAN NORTH	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?, Date of Injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT MISO Reflection 11. Renef	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place allers Energy Khelmy 1/3/36,19	Nature of injury
19. UNDERTAKER I Se Juill & Mass 6.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Salishung m.	If so, specify
20. FILED July 13 19 36 V. May June	(Signed) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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	Example I	1	Example II	40.00
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	SECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	otritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 8 1936	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

FOR

RESERVED

MARGIN

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Example IVED		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial neghritis URFAU V. 3.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	10		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

2

If more blacks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Box				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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2

BINDING

FOR

RESERVED

ARGIN

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1936	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance;			
Other contributory causes of importances		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		5. S.	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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2

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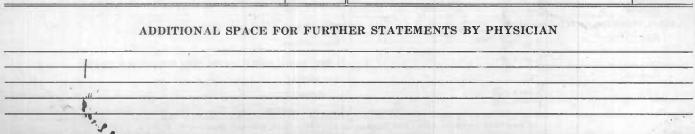
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Example I		Example II	
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Chronic interstitial nephritis 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			and the second





	state UPA-				OF MAR	YLAND-	CERTIFICATE OF DEATH			
M	item of inf should st of OCCUF	Coun	ty was	mes		(If	Registration Dist. No. 333 No. Pennicla Sen Hoope as St., 13 Ward feeth/occurred in a horpital or institution, give its NAME instead of street and number)			
	PHYSICIANS oct statement	2. FULL	NAME	ty or town where	death occurred	yrsmos	St., Ward. St. of foreign birth? yrs. mos. St., Ward. St. of foreign birth? yrs. mos. If nonresident give city or soften and State			
	PH pet	PER	SONAL AN	D STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH			
RESERVED FOR BINDIN	NT RECULY. PH.	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single				D (write the word)	21. DATE OF DEATH July (Month) (Day) (Year)			
	ANE A C T ssifted	5e. If married, widowed, or divorced HUSBAND of (or) WIFE of					(Month) (Day) (Year) 22. HEREBY CERTIFY, Thet attended deceased f fuse 3 0 1936 to July 1 st, 193			
	IS A PERM stated EX properly cla certificate.	6. DATE OF 1	Years 22	months 3	arch 21. Days 11	If LESS than 1 dey, hrs. or min.	to have occurred on the date stated abova, et			
	NK—THIS should be it may be on back of	8. Trade, profession, or particular kind oil work done, es SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. Marsh 1D. Date deceased last worked et this occupation (month and spent in this					Contusion of brain 130. Basal fracture of skull 130.			
	DING AGF so than	12. BIRTHPL	ACE (city or town).	30, 1936 Wilki	nsburg, nnsylvani	upetion	Other Contributory Causes of importance: face & eye 6-30 36 Lacrations of Rt face & eye 6-30 36			
MARGIN	D 2 2 "	13. NAME Lee E. Snith 14. BIRTHPLACE (city or town). Pittsburgh (State or country).					Name of payer arm 6-30-			
F	ro		State or country)		Pennsyly	rania	What test confirmed diagnosis? autopsy? 9 Wes there en autopsy? 9.			
J	LY, WITH carefully TH in pla	16. BIRT	HAIDEN NAME Beulah M. McGinnis HRTHPLACE (city or town) Kittanning (State or country) Pennsylvania				23. II death was due to external causes (VIDLENCE) fill in elso the Iollowing: Accident, sulcide, or homicide? Coccurat Date el Injury 6-36, 19 Where did injury occur? Lublic Landing Work			
	E PLAINLY, W should be carefu OF DEATH in	17. INFORMANT Personal records & Father (Address)					(Specify city or tower county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.			
7)	E W E		Saltsbur		Jul	y 5 19 36	Manner of injury Autonotile acception Nature of injury Frommed Shall, laurating - sero			
V. S. No. 1	N. B.—WRIT mation CAUSH	19. UNDERTA (Addi		rne & De ow Hill,		y Turne Registrar.	24. Was disease or injury in any way related to occupation of deceased? The II so, specify (Signed) II a Manhamman M. (Address) U.Z. Main of			
	0	m	V	If more	blanks are needed,	-	, 2411 N. Charles Street, Baltimore, Requesting U.S. Nogr.			

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BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	_!			

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

RESERVED

ARGIN

(Year)

Date of onset

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		The principal cause of death and related causes Date of onset of importance were as follows:		
The principal cause of death and related causes of importance were as follows:	Date of onset			
Arterioselerosis RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
KUPTAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			- A A -	
			A	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



nfor- state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH							
	1. PLACE OF DEATH	(100)							
ould occ	County Hisomica	Registration Dist. No. 333							
item of should of OCC	Village or City Salishing Mid (If	No. Junisola Settled Ward death occurred in a hospital or institution, give its NAME instead of street and number)							
t St		. 13 ds. How long in U.S. if of foreign birth?							
CORD. Every PHYSICIANS oct statement	2. FULL NAME Lillian Limmons								
SIC ate	(a) Residence: No. Box Din, wa	. St., Ward.							
RD. IYSI stat	(Usual place of abode)	If nonresident give city or town and State							
RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH							
E A	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July (Month) (Day) (Year)							
NDING RMANED X A CT	5a. If married, widowed, or divorced HUSBAND of								
DIN LAN A C sssifi	(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from							
	0-1- 24 1918	July 13 ,1936, to July 26 ,1936; death is said							
BE BE E	6. DATE OF BIRTH (month, day, and year)								
R A led ber life	7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at 6 6 _m. The PRINCIPAL CAUSE OF DEATH and related causes of importance							
FOR B: IS A PE stated E properly certificate	17 30 ormin.	were as follows:							
HIS be be of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Coronary emblion 7-26-							
ERVI VK—T Should it may n back	9. Industry or business in which work was done, as SILK MILL, School gul SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and second in this second in this								
STATE	10. Date deceased last worked at this occupation (month and 1994) spant in this occupation occupation	4)							
Z T D	12. BIRTHPLACE (city or town) Berlin	Other Contributory Causes of importance: Belatarl acute salkingtos: 200- hung 20.							
ADJ d. Se	(State or country)	0 4 2 2 4 6 1 2							
MARGIN RE UNFADING supplied. AGI n terms, so tha	13. NAME Charles Timmyons	Direction origina Durotion: one month.							
M. H U sulin t	14. BIRTHPLACE (city or town) Deslin	Name of operation Bullion State of 17/74/34							
ITH IIJy s plain	1 (State of Country)	What test confirmed diagnosis? Laboratory Was there an autopsy? Mo							
	15. MAIDEN NAME Mary & Herry	23. If death was due to external causes (VIOL ENCE) fill In also the following:							
car CH orta	[16. BIRTHPLACE (city or town) Serfung	Accident, sulcide, or homicide? Date of injury, 19							
be be EAT	S (State or country)	Where did injury occur?							
ABUV	17. INFORMANT Mas harles Jummons (Address) Berlin, Ind.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.							
FE PI shou E OF	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury							
	Place vergreen Cempate July 4, 1936	Nature of injury							
-WRIT mation CAUSE TION i	19. UNDERTAKER January May Stellars	24. Was disease or injury in any way related to occupation of deceased? No.							
B. K.	(Address) Salinbury, Ma.	If so, specify							
5 Z (T	20. FILED July 29, 19 36 Wolling Junes	(Signed) M. D.							
	Registrar.	(Address) // 2 Man 2							

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Comband how own have	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUREAU V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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plnods

CAUSE

LION

(Address) Tus 18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKE (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Manner of injury

Natura of injury.

If so, spacify

STATE OF MARYLAND-CERTIFICATE OF DEATH

(Day)

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

24. Was diseasa or injury in any way ralated to occupation of deceased?.

(Year)

Date of onset

That I attended daceasad from

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN
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BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.

 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis 9 1936	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

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M	ORD. Every item of infor-	HYSICIANS should state	st statement of OCCUPA-	
D FOR BINDING	IIS IS A PERMANENT REC	be stated EXACTLY. I	be properly classified. Exac	of certificate.
MARGIN RESERVED FOR BINDING	VITH UNFADING INK-TH	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. BWRITE PLAIMLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be caref	CAUSE OF DEATH in	TION is very importan

STATE 1. PLACE OF DEATH	OF MARYLAND	-CERTIFICATE OF DEATH
county Wice w	is co.	Registration Dist. No. 333
Village or City S	bell med a	No Pen el air Home 13 wa
A Length of residence in city or town wh		If death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long In U. S. if of foreign birth?
2. FULL NAME SOS	00.0011	
_ 0	and a complain	
(a) Residence: No.	(Dual place of abode)	Ward. If nonresident give city or town and State:
PERSONAL AND STATE	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	OR DIVORCED (write the word)	21. DATE OF DEATH \
ie. If married, widowed, or divorced	I single.	(Month) (Day) (Year)
HUSBANO of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased fr
5. DATE OF BIRTH (month, day, end year)	July 2, 1936	that saw h manalive on 19 7777, 19 36; death is si
. AGE Years Months		to have occurred on the date stated above, atm_
0 0	1 dayhrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.		1 1 min
skind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end year)	11. Total time (yeers) spent in this occupation	
2. BIRTHPLACE (city or town) (State or country)	ζ.	Other Contributory Causes of Importance:
	ulanell mus	
13. NAME Sage 1	8.	Name of according
14. BIRTHPLACE (city or town) (State or country)		Name of operation Dete of
15. MAIDEN NAME QUANTE	O Gras We was as	Whet test confirmed diagnosis?
15. MAIOEN NAME CALLA C 16. BIRTHPLACE (city or town) \lambda \lambda (State er country)	1 2	Accident, suicide, or homicide?, 19, 19, 19, 19
7. INFORMANT PROPERTY AND	in Hospital	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL PIECE SKALLFURGE	Mobate July 6, 1936	Manner of Injury
9. UNDERTAKER 21 Do Sya	4900	24. Was disease or injury in any way related to occupation of deceased?
(Address) therebe	mo.	If so, specify
0. FILEO July 6, 1936	& May Jumes.	(Signed) 9 M. M. (Address) Salisburga M.
76	nore blanks are needed address State Registrary	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 7.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	-	1915	Attack of epilepsy		1 wcck ago
Chronic interstitial ne	phritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	RECEISE	July 5,1927	Peritonitis 5		3 days ago
	3.00				
	AUG U 1990				
Other contributory	causes, of importance: S.		Other contributory causes o	f importance:	
Gallstones		May 1,1923	Gastroenteritis		1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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LUS.	

1. PLACE OF DEATH

(Yeer)

Date of onset

(Oav)

Registrar.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

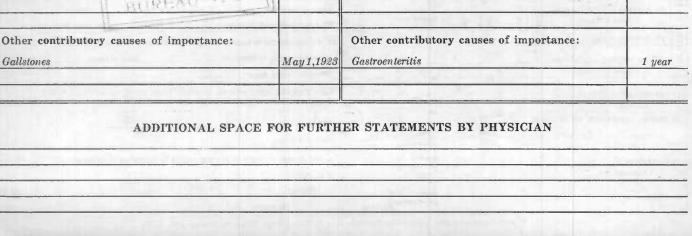
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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:



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STATE OF MARYLAND—	CERTIFICATE OF DEATH 7761
1. PLACE OF DEATH	(191)
County Miconics	Registration Dist. No. 7336
Village or City Delma Ind	No. St., Ward
Length of residence In city or town whera death occurredyrs	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmos,ds,
2. FULL NAME Orilla Hest West	3
(a) Residence: No. Allma, Pal	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Months) (Day) (Year)
HUSBAND of Cor) WIFE of Plans / The Plans	220 HEREBY CERTIFY. That I attended daceased from
region non non jouan.	July 100, to July 19, 1936
6. DATE OF BIRTH month, day, and year) And 90 /85/ 07. AGE Years Months Days If LESS than	I last sawh alive on, 1956; death is said
76 2 2 1 day,hrs.	to have occurred on the date stated above, at 20-42-9 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows: Data d'onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	meghitio :
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	
O To. Date deceased last worked at spant in this occupation (month and year) occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	Mysenditio
13. NAME O Cotest Olygin	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sullie Syalls 16. BIRTHPLACE (city betown) - 10 f	23. If daath was dua to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city & town) Jolland (State or country)	Accident, suicide, or homicide?
17, INFORMANT Inos Horace Secaling	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Allma, m	
18. BURIAL, CREMATION, OR REMOVAL Salishing Ind.	Manner of injury
Place Sarrows Cur Date July 21, 1935	Nature of Injury
19. UNDERTAKER WILL S- Standard	24. Was disease or injury to any way related to occupation of deceased?
Address Lectmany (facts	If so, specify 16 decaus
20-TIJE 421, 1936 Henry & Andron Registrar.	(Signed)
Aegistrar.	(//////////////////////////////////////

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1	-11	Example II	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 7 - 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	July 5, 1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FU	HER STATEMENTS BY PHYSICIAN
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V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH 7762
County Quismies	Registration Diet No. 232
43 44 5 5 5 5 5 6 5 6 5 6 5 6 6 6 6 6 6 6	Registration Dist. No. 999
Village or City Salushung	death occurred in a hospital or institution, give its NAME instead of street and number)
1 6. // 6/	ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME Samuel arolar Hell	Un O If U. S. Veteran, specify WAR
(a) Residence: No. 3/1 Smith	St., 13 Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH
Male Thise OR DIVORCED (write the word)	July 8, 1936.
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of Marilda C. Hilliams	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF RIRTH (month day and year) AMILALLI 3. 1844.	I last saw have alive on 1936; deeth is said
6. DATE OF BIRTH (month, day, end year) JANUAU 3, 18 44. 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 750 1 m.
92 6 5 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
Trade profession or particular	Were as rollows:
kind of work done, as SPINNER, between farmer	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc Settled farmer 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years)	Careirons of I would be when
this occupation (month and 1931 spent in this 7044).	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	Cyphles
13. NAME Levin Hilliams	
13. NAME VILLE SHILLIAMS 14. BIRTHPLACE (city or town) - 174	Name of operation
(State of country) // auguaria	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Diddy Packs 16. BIRTHPLACE (city or town) - FM	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homlclde? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Wy Halfel relland, (Address) Lakis hum mo.	Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Celling Concery fallithan 7/10/36, 19	Nature of injury
19. UNDERTAKER The Hill x Winson Co.	24. Was disease or injury in any way related to occupation of deceased? Tho
(Address) Salishuy, A. J.	If so, specify
20 FILEO July 10 19 36 Le may Turner	(Signed) M. D
Registrar.	(Address) Salustry W.S.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were a Arteriosclerosis	of death and related causes as follows: RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial ner	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 6 1936	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	eauses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE

(Year)

OF DEATH	7763
Registration Dist. No.	333
itulion, vive ils NAME in read of street T of foreign birth? yrs.	St., 13 Ward
f of foreign birth? yrs	mos ds

If nonresident give city or town and State

MEDICAL CERTIFICATE OF DEATH

(Day)

That I attended deceased from

Date of onset

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?______, 19

(Specify city or town, county and State)

24. Was disease or injury in any way related to occupation of deceased

(Address)

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

MARGIN RESERVED

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Chronic interstitial nephritis. CEIVED	1921	Run over by street car	1 week ago	
Cerebral hemorrhage AUG 6 1936	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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year